#### **AU Status**

Undergraduate or PG Taught

#### Your aber.ac.uk email address

mwg2@aber.ac.uk

### **Full Name**

Michal Wojciech Goly

# Please enter the name of the person responsible for reviewing your assessment.

Prof. Reyer Zwiggelaar

# Please enter the aber.ac.uk email address of the person responsible for reviewing your assessment rrz@aber.ac.uk

#### **Supervisor or Institute Director of Research Department**

CS

# Module code (Only enter if you have been asked to do so)

CS39440

# **Proposed Study Title**

MMP - Quiz Tool

# **Proposed Start Date**

29/01/2018

## **Proposed Completion Date**

04/05/2018

# Are you conducting a quantitative or qualitative research project?

Mixed Methods

## Does your research require external ethical approval under the Health Research Authority?

No

## Does your research involve animals?

No

## Are you completing this form for your own research?

Yes

#### Does your research involve human participants?

No

#### **Institute**

**IMPACS** 

#### Please provide a brief summary of your project (150 word max)

A web application allowing lecturers to upload their PDF lecture slides, convert certain slides to quizzes (e.g. a slide with bullet points into a single choice A) B) C) quiz), and then broadcasting them to students to monitor their understanding of lecture content presented.

Where appropriate, do you have consent for the publication, reproduction or use of any unpublished material?

Not applicable

Will appropriate measures be put in place for the secure and confidential storage of data?

Yes

Does the research pose more than minimal and predictable risk to the researcher?

Not applicable

Will you be travelling, as a foreign national, in to any areas that the UK Foreign and Commonwealth Office advise against travel to?

No

Please include any further relevant information for this section here:

If you are to be working alone with vulnerable people or children, you may need a DBS (CRB) check. Tick to confirm that you will ensure you comply with this requirement should you identify that you require one.

Yes

Declaration: Please tick to confirm that you have completed this form to the best of your knowledge and that you will inform your department should the proposal significantly change.

Yes

Please include any further relevant information for this section here: